STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969059	R **06/30/2017**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE COCONUT POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **8460 MURANO DEL LAGO DR** **BONITA SPRINGS, FL 34135**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A follow-up by desk review was conducted on 6/30/17 for American House Coconut Point, an assisted living facility (license # 12898) located in Bonita Springs, Florida. The follow-up was in response to the complaint survey for CCR#s 2017004486 and 2017004812 which was completed on 5/16/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 6/30/17.